SUSTOMER NO. 23932

PTO/SB/17 (01-06) 06. OMB 0651-0032

Under the Paperwork Reduction Act of	1995, no person are required	U.S. Pater	nt and Trade	mark Office: U.S. DEF	PARTMENT OF COMMERCE a valid OMB control number		
Fees pursuant to the Consolidated Appropri		Complete if Known					
1 ' ' '	Application Nu	Application Number		10/665376-Conf. #5019			
FEE TRANS	Filing Date			September 18, 2003			
For FY 20	106	First Named In	ventor	Steven Fluxman			
[]	Examiner Name	Examiner Name		L. N. Le			
Applicant claims small entity state	ıs. See 37 CFR 1.27	Art Unit	Art Unit		2618		
TOTAL AMOUNT OF PAYMENT	(\$) 200.00	Attorney Docke	t No.	61170-00018USPX			
METHOD OF PAYMENT (check	all that apply)						
Check Credit Card Money Order None Other (please identify):							
X Deposit Account Deposit Account	lumber: 10-0447 Deposit	Account Name: Jenk	ens & Gil	lchrist, a Profes	sional Corporation		
For the above-identified depo	sit account, the Directo	r is hereby authoriz	ed to: (che	eck all that apply)			
x Charge fee(s) indicated	below	Charg	ge fee(s) in	dicated below, ex	cept for the filing fee		
Charge any additional ffee(s) under 37 CFR 1		of x Credit	t any overp	payments			
FEE CALCULATION (All the fe	es below are due up	on filing or may	/ be subj	ect to a surcha	ırge.)		
1. BASIC FILING, SEARCH, AND EX							
Fil	.ING FEES S Small Entity	EARCH FEES Small Entity		NATION FEES Small Entity			
Application Type Fee (\$			Fee (\$)		Fees Paid (\$)		
Utility 300	. 150 50		200	100			
Design 200	100 10		130	65			
Plant 200	100 30	-	160	80			
Reissue 300	150 50		600	300	······································		
Provisional 200	100	0 0	0	0	Constitution		
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)							
Each claim over 20 (including Reissi	ies)				50 25		
Each independent claim over 3 (including Reissues) 200 100							
Multiple dependent claims					360 180		
Total Claims Extra Claims	<del></del>	e Paid (\$)		lultiple Depende	The second secon		
HP = highest numer of total claims paid for, i			<u>F</u>	<u>ee (\$)                                      </u>	ee Paid (\$)		
Indep. Claims Extra Claims	-	e Paid (\$)					
		200.00					
HP = highest numer of independent claims p	aid for, if greater than 3.						
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets		n additional 50 or fra	ction there		Fee Paid (\$)		
4. OTHER FEE(S)  Non-English Specification, /\$/130 fee (no small entity discount)							
Other (e.g., late filing/surchaffet):							
SUBMITTED BY							
Signature		Registration No. (Attorney/Agent)	35,701	Telephone	(214) 855-4795		
Name (Print/Type) And M. Szuwals	ki	, control of the second		Date Se	eptember 12, 2006		
	<del></del>	1	:				
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Agrendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.							
Dated: September 12, 2006 Signature: (Margo Barbarash)							



## **FEE SUMMARY SHEET**

## **Transmittal -- Amendment**

Date: Time:

September 12, 2006

4:00 PM

200.00 1.16(h)

Docket:

1201

61170-00018USPX

Filing Date:

September 18, 2003

Fee Transmittal (PTO SB-17)

Application No:

Total Fee:

10/665376 \$ 200.00

Code Amount	37 CFR	Fee Description	Listed on	

Independent claims in excess of three

AMENDMENT TRANSMITTAL LETTER					Docket No. 61170-18USPX	
Application	No.	Filing I	Date		Examiner	Art Unit
10/665376-Conf. #5019 September 18, 2003 L. N. Le				2618		
Applicant(s): Steve	en Fluxman e	t al.				
	RECEIVER HA NT SIGNAL T		AL FINGERS	AND M	ETHOD OF	PROCESSING AN
		THE COMMI				
Transmitted herew The fee has been				• •	ication.	
The ree has been	Calculated an		S AS AMENI			
	Claims	Highest	S AS AIVIEN	DED	· ·	
	Remaining After Amendment	Number Previously Paid	Number Extra Claims Present		Rate	
Total Claims	26	- 27 =		×		
Independent Claims	5	- 4 =	1	х	200.00	200.00
Multiple Depende	ent Claims (ch	eck if applicabl	e)			
Other fee (please	specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					200.00	
	JAKET ELT	or mo Ame	VDIVICITY.		mall Entity	200.00
x Large Entity					Small Entity	
No additional	fee is require	d for this amer	ndment.			
X Please charge Deposit Account No. 10-0447 in the amount of \$ 200.00						
A duplicate copy of this sheet is enclosed.  A check in the amount of \$ to cover the filing fee is enclosed.						
		orm PTO-2038			,	
× The Director j				Denosit	Account No	10-0447
		licate copy of				
//	y y verpaymen	/				
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x Charge and additional filing or application processing fees required under 37 CFR 1.16 and 1.17.						
Dated: September 12, 2006						
Andre M. Szuwaisk						
Attorney/Agent Reg. No.: 35,70						
JENKENS & GIL			L CORPORA	NOITA		
1445 Ross Aven Dallas, Texas 7		0				
(214) 855-4795	0202					
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			A and a series	- //.	<u> </u>	Luith the LLC Destal Continu
I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed of the MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.						
Dated: September 12, 2006 Signature (Margo Barbarash)						